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TRAMWAY INCIDENT REPORT

This detailed Tramway Incident Report shall be sent to the Board within 4 days from the date of the incident for all REPORTABLE INCIDENTS*. All incidents involving a SERIOUS INJURY† must be immediately reported to the Board through the Department of Public Safety Incident Hotline at (508) 820-1444.

NAME OF SKI AREA:	LOCATION #:
ADDRESS:	DATE OF ACCIDENT: TIME OF ACCIDENT: DATE OF REPORT:
NAME & TITLE OF PERSON FILLING OUT THIS REPORT:	

TYPE OF ACCIDENT (CHECK ONE OR MORE)			
TRAMWAY MECHANICAL FAILURE ()		TRAMWAY ELECTRICAL FAILURE ()	PERSONAL INJURY ()
USE WHEN ACCIDENT OCCURRED:	SKIING ()	FOOT PASSENGER ()	MAINTENANCE ()
MASS RTB #		MANUFACTURER:	
DATE INSTALLED:		LIFT OPERATING: YES () NO ()	

NAME OF INJURED:	INJURY TYPE: (bruise, fracture, sprain, concussion, etc.)
ADDRESS OF INJURED:	
DATE OF BIRTH:	
PHONE NUMBER OF INJURED:	



* A **reportable incident** is “a) any incident involving a Tramway in which a person sustains an Injury. b) any unintentional deropement of a tramway, except for surface lifts, tows and conveyers c) any unplanned evacuation of a tramway (except for surface lifts tows and conveyers). d) any fire involving Tramway equipment or structures. e) Failure of any electrical or mechanical component which results in the loss of control of the Tramway, including: 1) Tramway will not slow down or stop when given the command to do so; 2) Tramway accelerates faster than normal design acceleration; 3) Tramway reverses direction unintentionally, self starts or self accelerates without the command to do so.” See 526 CMR 10.01 A **Serious Injury** is “a personal injury that results in dismemberment, significant disfigurement, a life threatening injury or death.” See 526 CMR 10.01.

†

NAME OF EMPLOYEES ON DUTY AT TIME OF ACCIDENT		
LIFT OPERATOR:	TOP ATTENDANT:	
BASE ATTENDANT:	MID-STATION ATTENDANT:	
NAME:	WITNESSES: ADDRESS:	DATE OF BIRTH:
NAME:	ADDRESS:	DATE OF BIRTH:
NAME:	ADDRESS:	DATE OF BIRTH:

WEATHER CONDITIONS		VISIBILITY	WIND
CLEAR ()	SLEET ()	GOOD () DARK ()	STRONG () LIGHT ()
FOG ()	SNOW ()	FAIR () LIGHT ()	MODERATE ()
RAIN ()	TEMP °F	POOR ()	NONE ()

DESCRIBE THE ACCIDENT:

<p align="center">EQUIPMENT FAILURE – MECHANICAL / ELECTRICAL COMPLETE IF APPLICABLE</p>
<p>DESCRIBE EVENTS THAT PRECEDED FAILURE:</p>
<p>WHAT FAILED OR WAS DAMAGED:</p>
<p>WHAT NEEDS TO BE REPLACED OR REPAIRED:</p>
<p>DESCRIBE ANY TEMPORARY REPAIRS:</p>

SIGNATURE OF AREA OWNER / OPERATOR _____ **DATE:** _____

